

(MON) MAR 1 2004 23:26/ST. 23:25/NO. 6319784778 P 1

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FACSIMILE COVER SHEET

To: Assistant Commissioner for Patents

Fax Number: (703) 746-7239

From: Stanley D. Ference III

Date: March 1, 2004

Pages: 21 pages (including this cover sheet)

MESSAGE:

Application No. 09/627,372

Examiner Anh Ly

Art Unit 2172

Amendment Transmittal

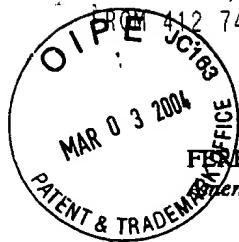
Amendment

Petition for Two Month Extension of Time

Completed Credit Card Payment Form

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(MON) MAR 1 2004 23:26/ST. 23:25/NO. 6319784778 P 2

Atty. Docket No. JP9-1999-0804US1
(590.017)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Pan et al.
Serial No. : 09/627,372 Examiner : Anh Ly
Filed : July 28, 2000 Group Art Unit : 2172
For : METHOD AND SYSTEM FOR PROVIDING NATIVE LANGUAGE
QUERY SERVICE

HON. COMMISSIONER OF PATENTS AND TRADEMARKS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

OR

2. In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

3. Small Entity status of this application has been established by a verified statement previously submitted.

4. A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (703) 746-7239 to the Assistant Commissioner for Patents on March 1, 2004.

Stanley D. Ference III

(Type or print name of person mailing paper or fee)

(Signature of person mailing paper or fee)

Page 1 of 2

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(590.017)

5. Also enclosed: _____

6. No additional filing fee is required.

7. The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
Total Claims	16	** 20	= * 0	x	\$9	=	O x \$18 =
Ind. Claims	5	*** 5	= * 0	x	\$42	=	O x \$84 =
<input checked="" type="checkbox"/> Multiple Dependent Claim Presented				+	\$140	=	O + \$280 =
				TOTAL	= \$	O	TOTAL = \$0 R

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.

*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

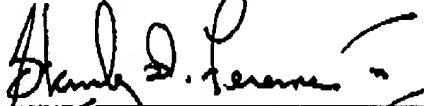
8. Applicant encloses herewith a check for \$_____ to cover the filing fee.

9. The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.

10. The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

ERENCE & ASSOCIATES

By 
Stanley D. Ference III
Reg. No. 33,679

Dated: March 1, 2004

Mailing Address:

ERENCE & ASSOCIATES
400 Broad Street
Pittsburgh, Pennsylvania 15143
(412) 741-8400
(412) 741-9292 - Facsimile